

**2008 Youth in Care Conference
Payment and Credit Card
Authorization Form**

Agency/Organization Name:

**Parents, Families and Friends of Lesbians and Gays
of Metropolitan Washington, D.C.**



Contact Information

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____ **E-mail** _____

Conference Rates:

\$110 per individual includes LUNCH and PARKING for two days

SPECIAL RATE: \$75.00 for each additional person from the same agency or organization

Number of persons attending _____

Charge my Conference registration to the following credit card:

MasterCard

Visa

American Express

Card Number _____

Security code (3-4 digit code imprinted on rear or front of card) _____

Exp. Date _____

Authorized Signature _____

TOTAL AMOUNT: \$_____

Paying By Check: TOTAL AMOUNT: _____

***Registration is Non-refundable**